

**DOMESTIC
LIMITED PARTNERSHIP**

STATE OF MAINE

**CERTIFICATE OF LIMITED
PARTNERSHIP**

Filing Fee \$175.00

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to [31 MRSA §421](#), the undersigned executes and delivers the following Certificate of Limited Partnership:

FIRST: The name of the limited partnership is:

(The name must contain one of the following: "Limited Partnership", "L.P." or "LP"; §403-A.1)

SECOND: The name of its Registered Agent, an individual Maine resident or a corporation, foreign or domestic, authorized to do business or carry on activities in Maine, and the address of the registered office shall be:

(name)

(physical location - street (not P.O. Box), city, state and zip code)

(mailing address if different from above)

THIRD: The name and business, residence or mailing address of each general partner is:

Name

Address

☐ Names and addresses of additional general partners are attached hereto as Exhibit ____, and made a part hereof.

FOURTH: Other provisions of this certificate, if any, that the partners determine to include are set forth in Exhibit ____ attached hereto and made a part hereof.

DATED _____

General Partner(s)*

_____	_____
(signature)	(type or print name)
_____	_____
(signature)	(type or print name)
_____	_____
(signature)	(type or print name)

For General Partner(s) which are Entities

Name of Entity _____

By _____

(authorized signature) (type or print name and capacity)

Name of Entity _____

By _____

(authorized signature) (type or print name and capacity)

Name of Entity _____

By _____

(authorized signature) (type or print name and capacity)

Acceptance of Appointment of Registered Agent

The undersigned hereby accepts the appointment as registered agent for the above-named limited partnership.

Registered Agent

DATED _____

_____	_____
(signature)	(type or print name)

For Registered Agent which is a Corporation

Name of Corporation _____

By _____

(authorized signature) (type or print name and capacity)

Note: If the registered agent **does not** sign, Form [MLPA-18 \(31 MRSA §407.1-A\)](#) must accompany this document.

*Certificate **MUST** be signed by:

- (1) all **general partners OR**
- (2) any duly authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**